

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10766614 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
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37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	3					
44						
45	4					
46						
47						
48						
49						
50						
TOTAL IND.	16	1				
TOTAL DEP.	34	1				
TOTAL CLAIMS	50					

IND	DEP	IND	DEP	IND	DEP
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					